CITY OF LANSING - RETIREMENT AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

	eby authorize the City of Lansing to deposit my paycheck
or make reversals into the account listed below. The authreceived written notification from me of termination, No opportunity to act on it, or until the City of Lansing has	otification must be received in time to allow reasonable
Contact	Information
SECTION 1: Name:	
Daytime Phone Number: ()	
Street Address:	
City:	
Your Social Security #:	Union
Employee Signature:	Date:
Voided chec	k must be enclosed
Required Info	ormation must be completed.
SECTION 2 Name of Institution:	
Account Type (select one): Checking:	Savings:
Account Number:	
Transit Routing Number:	
======Cancel Direc	ct Deposit============
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SECTION 3: I wish to cancel my direct deposit with the City of Lansi	ing.
Employee Signature:	Date:
Office	Use Only
Bank Code: Date Entered:	Date Removed:
Processed by:	

Direct Deposit Instructions

- 1) You need to complete section 1. & section 2. Return the form with a **voided check** to Esther Croff. Her office is located on the 8th floor of City Hall in the Finance Department. Mailing address is: Retirement Benefits Office, 124 West Michigan Avenue, 8th Floor, City Hall, Lansing, Michigan 48933.
- 2) Once we receive your completed form, we will update your information in the payroll system. Expect a one to two payroll cycle turn around depending on when the form is submitted to the Finance Department.
- 3) If you wish to <u>stop the direct deposit</u>, you must submit a new form to the Finance Department, 8th floor and sign section 3 of the form. This step must be completed before the direct deposit will stop.
- 4) If you change financial institutions or change from one account to another at the same financial institution that you are currently with, you must complete a new form. Your check will continue to be deposited into your current account until the new form is completed.